

**POWER OF ATTORNEY
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INDICATION FORM**

Patent Number:	6,908,435
Issue Date:	June 21, 2005
Application Number:	09/706,583
Filing Date:	November 3, 2000
First Named Inventor:	Richard L. Mueller
Attorney Docket Number:	BSX:319US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: **32425**

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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City	State	Zip	
Country			
Telephone	Email		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Signature			
Name	James Chiapetta		
Title and Company	BOSTON SCIENTIFIC SCIMED, INC.	Telephone	763-494-2509
Date	September 17, 2008		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.